

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012086

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN CARTHAGELength of stay in 1b
39 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY JASPER

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 411 ORCHARD ST.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
411 ORCHARD ST.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
DAVIDMiddle
ALMERLast
CURRY4. DATE
OF
DEATHMonth
MARCHDay
18Year
1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-17-94

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
MINISTER, GARAGE OPERATOR10b. KIND OF BUSINESS OR INDUSTRY
PREACHING,
MECHANIC11. BIRTHPLACE (City and state or country)
LAWRENCE CO., MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

DAVID EDWARD CURRY

13b. MOTHER'S MAIDEN NAME

JOHN ANN GRIFFITH

14. NAME OF HUSBAND OR WIFE

MARY REYNOLDS CURRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or date)
YES16. SOCIAL SECURITY NO.
3647

17. INFORMANT

Address

MRS. MARY CURRY, CARTHAGE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary insufficiency - chronic

INTERVAL BETWEEN
ONSET AND DEATH

3 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive cardiovascular disease

7 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/19/63 to 3/18/63 and last saw him alive on 2/10/63
Death occurred at 0510 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

F Wendall Pence M.D.

22b. ADDRESS

M.D. 612 S. MAIN, CARTHAGE, MO.

22c. DATE SIGNED

3/18/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

3-21-63

23c. NAME OF CEMETERY OR CREMATORY

GREY'S POINT CEMETERY

23d. LOCATION (City, town, or county)

LAWRENCE CO.

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

3-19-63

26. REGISTRAR'S SIGNATURE

Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

6497

6497

3

4 0

5 1

6

7 0

8 2

94201

10

11

12 90-0

13 3-0

MAR 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edwin S. Thorne

Licensed Embalmer No. 4955

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.